



# CASHPOINT

March 16, 2004

State of Rhode Island and Providence Plantations  
Division of Business Regulation  
Division of Banking  
233 Richmond Street, Suite 231  
Providence, RI 02903-4231

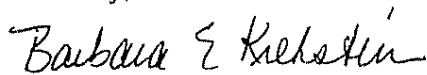
DIVISION OF BANKING  
MAR 18 2004

To Whom It May Concern:

Enclosed please find an updated original bond for CashPoint Network Services, Inc. in the amount of \$150,000.00.

Should there be any questions, I can be reached on extension 1102.

Sincerely,



Barbara E. Krekstein  
Director of Compliance

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF BUSINESS REGULATION  
DIVISION OF BANKING  
233 RICHMOND STREET, SUITE 231  
PROVIDENCE, RHODE ISLAND 02903-4231

SALE OF CHECKS AND ELECTRONIC MONEY TRANSFER BOND

Bond No. 40080335

WHEREAS application has been made to the Director of Business Regulation of the State of Rhode Island and Providence Plantations by:

NAME: CASHPOINT NETWORK SERVICES, INC.

ADDRESS: 143 WEST 72ND STREET

CITY, STATE, ZIP CODE: NEW YORK, NEW YORK 10023

Note: If individual, give full name and address, or if partnership, of each partner.  
If corporation, give full title and state where incorporated. Give trade name, wherever used.

Hereinafter referred to as "applicant" or "obligor", for a license to conduct, in the State of Rhode Island, the business of selling checks and/or the electronic transfer of funds as provided for by Title 19, Chapters 14 and 14.3 of the General Laws of Rhode Island 1956, as amended.

WHEREAS said applicant is required to execute a bond to said State of Rhode Island in the penal sum of Fifty Thousand Dollars (\$50,000) plus an additional sum of Five Thousand Dollars (\$5,000) for each agent location from which it shall conduct the business provided for by Title 19, Chapters 14 and 14.3 of the General Laws of 1956, as amended, and file the same with the Director of Business Regulation.

NOW THEREFORE KNOW ALL MEN BY THESE PRESENTS

That said applicant, CASHPOINT NETWORK SERVICES, INC.

(Insert full name of obligor)

as obligor, and PLATTE RIVER INSURANCE COMPANY, 100 PEARL STREET, 16TH FLOOR, HARTFORD, CT 06103

(Insert full name and address of surety)

as surety, are held and firmly bound unto the State of Rhode Island and Providence Plantations, for the use of said State and of any person or persons, who may have a cause of action against the principal for failure to pay any check, draft, money order, personal money order, or other instrument for the transmission or payment of money which the principal, whether directly or through an agent or employee, shall have issued or received in connection with the electronic transfer of funds in the State of Rhode Island under and by virtue of the provisions of Chapters 14 and 14.3 of Title 19 of the General Laws of 1956, as amended, and any amendments thereto in the principal sum of ONE HUNDRED FIFTY THOUSAND dollars (\$150,000.00), for the payment of which, well and truly to be made; we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally by these presents.

THE CONDITION OF THIS BOND IS SUCH that if the above bounden obligor shall conform to and abide by each and every provision of said Chapters, the title of which is above set forth, and all amendments thereto and all rules and regulations lawfully made by the Director of Business Regulation thereunder, and shall pay to said State and to any such person or persons any and all monies that may become due or owing to said State and/or to such person or persons from said obligor, under and by virtue of the provisions of said Chapter upon any check, draft, money order, personal money order, or other instrument for the transmission or payment of money issued by or received in connection with the electronic transfer of funds by the principal directly or through an agent or employee within this State, then this obligation shall be void; otherwise it shall remain in full force and effect.

This bond shall continue in force and effect unless, as to future acts or omissions of the Obligor, it is terminated or cancelled:

- (1) By order of the Director or
- (2) By the Surety delivering on or before February 28 written notice to the Division of Banking ("Division") that the same will be cancelled on March 31st. The bond may be cancelled before March 31st upon written notice to the Division at least thirty (30) days prior to the effective date of cancellation date and payment of a Twenty-five Dollars (\$25) Cancellation fee.
- (3) Termination shall not become effective until thirty (30) days after the Division of Banking has received written notice.

Such cancellation shall not affect any liability incurred or accrued hereunder prior to the cancellation of said bond by said Division or termination by Surety.

This bond shall take effect on and as of MARCH 31, 20 04 and shall continue in force until it is cancelled.

NOTE: ANY BOND EXECUTED PURSUANT TO THE LICENSE BEING REQUESTED SHALL BE RETAINED BY THE DIVISION OF BANKING, AFTER THE SURRENDER OR REVOCATION OF THE APPLICABLE LICENSE, OR THE CANCELLATION OF SAID BOND, FOR A PERIOD OF TIME SUFFICIENT TO EXHAUST THE STATUTE OF LIMITATIONS FOR CAUSES OF ACTION RELATED TO THOSE ACTIVITIES GOVERNED BY THE LICENSE BEING REQUESTED. THE BOND MAY, HOWEVER, BE RETURNED TO THE APPLICANT UPON WITHDRAWAL OR DENIAL OF THE LICENSE APPLICATION.

IN WITNESS WHEREOF we have hereunto set our hands and seals, this 2ND day of FEBRUARY, 20 04

Sole Proprietor BY: \_\_\_\_\_

Partnership/Association Name: \_\_\_\_\_

(If partnership, each partner must sign)

Partner BY: \_\_\_\_\_

Partner BY: \_\_\_\_\_

Partner BY: \_\_\_\_\_

Partner BY: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

CASHPOINT NETWORK SERVICES, INC.

BY (Authorized Officer): \_\_\_\_\_

Surety Name: \_\_\_\_\_

PLATTE RIVER INSURANCE COMPANY

Surety's Attorney-In-Fact BY: \_\_\_\_\_

PAUL KUSHNER

BOND SALE OF CHECKS & ELECTRONIC MONEY TRANSFERS 05/2001.dwg

4/104 mw

20021322 MT

STATE OF NEW YORK  
COUNTY OF NEW YORK

S.S.:

On this 2ND day of FEBRUARY 2004 before me personally came  
PAUL KUSHNER to me known, who, being by me duly sworn, did  
depose and say: that (s)he resides in NEW YORK that (s)he  
is Attorney-in-Fact of the Corporation described in and which executed the attached instrument; that (s)he know the seal of said  
Corporation, that the seal affixed to said instrument is such corporate seal; that is was so affixed pursuant to power conferred on  
her/him by a Power of Attorney granted to her/him by said Corporation and that (s)he signed said instrument as Attorney-in-Fact  
of said Corporation pursuant to such authority.

**DEBORAH D. BELTON**  
NOTARY PUBLIC, STATE OF NEW YORK  
NO. 01BE5014185  
QUALIFIED IN SUFFOLK COUNTY  
COMMISSION EXPIRES JULY 15, 2007

Deborah D. Belton  
NOTARY PUBLIC

**PRINCIPAL'S INDIVIDUAL ACKNOWLEDGMENT**

STATE OF New York  
COUNTY OF New York

S.S.:

On this 2nd day of February 2004, before me personally came  
Sam Brevdeh, to me known and known to me to be the individual  
described in and who executed the foregoing instrument, and (s)he acknowledged to me that (s)he executed the same.

Beth A. Shanley  
Notary Public, State of New York  
No. 01SH6088707  
NOTARY PUBLIC

**PRINCIPAL'S CORPORATE ACKNOWLEDGMENT**  
Qualified in New York County  
Commission Expires March 17, 2007

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

S.S.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 2003, before me personally came  
\_\_\_\_\_, to me known, who, being by me duly sworn, did  
depose and say, that (s)he resides in \_\_\_\_\_; that (s)he  
is \_\_\_\_\_ of \_\_\_\_\_, the  
Corporation described in and which executed the foregoing instrument; that (s)he knows the Corporate Seal of said Corporation;  
and the Seal affixed to said instrument is such Corporate Seal; that it was so affixed by order of the Board of Directors of said  
Corporation, and that (s)he signed her/his name thereto by like order.

\_\_\_\_\_  
NOTARY PUBLIC

**PRINCIPAL'S CO-PARTNERSHIP ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

S.S.:

On this \_\_\_\_\_ day of \_\_\_\_\_, 2003, before me personally came  
\_\_\_\_\_, a member of the Co-partnership of \_\_\_\_\_  
\_\_\_\_\_, to me known and known to me to be the person  
who is described in the foregoing instrument and (s)he acknowledges that (s)he executed the same as and for the act and deed of  
the said Co-partnership.

\_\_\_\_\_  
NOTARY PUBLIC

PLATTE RIVER INSURANCE COMPANY  
POWER OF ATTORNEY

40080335

KNOW ALL MEN BY THESE PRESENTS. That PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Madison, Wisconsin, does make, constitute and appoint

PAUL KUSHNER OF NEW YORK

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

UNLIMITED

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002

"RESOLVED, that the President, and Executive Vice-President, the Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, one or more vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of the Corporation; the signature of such officers and seal of the Corporation may be affixed to such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Corporation in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time "

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested by its President, this 8th day of January, 2002

Attest:

*Thomas K. Manion*

Thomas K. Manion  
Treasurer



PLATTE RIVER INSURANCE COMPANY

*David F. Pauly*

David F. Pauly  
President and CEO

STATE OF WISCONSIN }  
COUNTY OF DANE } s.s.:

On the 8th day of January, 2002 before me personally came David F. Pauly, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is President and CEO of PLATTE RIVER INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



STATE OF WISCONSIN }  
COUNTY OF DANE } s.s.:

CERTIFICATE

*Jane F. Endres*

Jane F. Endres  
Notary Public, Dane Co., WI  
My Commission Expires 3/23/2003

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force

Signed and sealed at the City of Madison, State of Wisconsin this 2ND day of FEBRUARY, 2004

*James W. Smirz*

James W. Smirz  
Assistant Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. THE BACK OF THIS DOCUMENT CONTAINS A WATERMARK. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-394-7806

CAPITOL INDEMNITY CORPORATION  
PLATTE RIVER INSURANCE COMPANY  
UNDERWRITERS INSURANCE COMPANY

## **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

Your current policy or bond does not contain a terrorism exclusion. You should know that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002 any losses caused by certified acts of terrorism, *as defined in the Act*, will be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The portion of your premium attributable to coverage for acts of terrorism, *as defined in the Act*, is Zero (\$0.00). That is because such coverage is already included in your current policy or bond and the rate used to calculate the premium for your current policy or bond did not include a separate charge for terrorism coverage. Future policy renewals may include a separate charge applicable to coverage for acts of terrorism, *as defined in the Act*.

**CAPITOL INDEMNITY CORPORATION**  
**BALANCE SHEET**  
**12/31/02**

<b>Cash and invested assets:</b>	<b>Admitted Assets</b>	
Bonds amortized cost	2002	
Common stock:	125,498,991	
Affiliates on a equity basis	67,396,283	
Non-affiliates, at fair value	0	
Redeemable preferred stock, at statement value	0	
Certificates of Deposits, at amortized cost	0	
Real Estate property	9,551,580	
Short-term investments, at cost	0	
Cash	57,535,060	
Other invested assets	0	
Receivables for securities	998,174	
<b>Total cash and invested assets</b>	<b>260,980,008</b>	
Agents' balances or uncollected premiums, net of reinsurance	23,980,165	
Reinsurance recoverable on loss and loss adjustments expense payments	3,480,331	
Funds deposited with reinsurance companies	62,000	
Accrued investments income	0	
Goodwill, net of accumulated amortization of	0	
Interest, dividends and real estate income due and accrued	2,105,480	
Receivables from parent and subsidiaries	42,908	
Federal income tax recoverable	19,571,030	
Other assets	196,345	
<b>Total admitted assets</b>	<b>310,418,267</b>	
	<b>Liabilities</b>	
Losses and loss adjustments expenses	109,517,383	
Reinsurance payable on paid losses and loss adjustment expenses	0	
Unearned Premiums	55,205,819	
Dividends declared and unpaid to policyholder	359,724	
Provision for unauthorized reinsurance	0	
Commissions payable	2,135,465	
Ceded reinsurance premiums payable	3,235,944	
Excess of statutory reserves over statement reserves	0	
Funds held under reinsurance treaties	0	
Drafts outstanding	5,005,591	
Taxes, licenses and fees	1,103,646	
Payables to parent and subsidiaries	161,929	
Payable for securities	2,377,506	
Other expenses	4,700,122	
<b>Total liabilities</b>	<b>183,803,089</b>	
	<b>Capital and Surplus</b>	
Common capital stock	2,002,352	
Gross paid-in-contributed surplus	38,039,180	
Unassigned (deficit)/surplus	86,573,646	
<b>Total capital and surplus</b>	<b>126,615,178</b>	
<b>Total liabilities and capital and surplus</b>	<b>310,418,267</b>	

I, David Pauly, Chief Operating Officer/Secretary of Capitol Indemnity Corporation do hereby certify that to the best of my knowledge and belief, the foregoing is a full and true statutory Statement of Admitted Assets and Liabilities, Capital and Surplus of the Operation at December 31, 2002, prepared in conformity with the accounting practices prescribed by the Insurance Department of the State of New York. IN WITNESS WHEREOF, I have set my hand and affixed the seal of the Corporation at Madison, Wisconsin.

*David Pauly*

David Pauly  
President